

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	SF		9-21-01
<b>O.I.P.E. CLASSIFIER</b>	SG	32	9/27/01
<b>FORMALITY REVIEW</b>	SG	53	10/18/01
<b>RESPONSE FORMALITY REVIEW</b>	SG	1091	12-03-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	Final Original 9/11/01
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24	1
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

- - (LEFT INSIDE)

539  
10/18/01  
12-03-01